Date Label No. 503340982
I hereby certify that, on the date indicated above I deposited this paper or fee with the U.S. Postal Service & that it was addressed for delivery to the Commissioner of Patents & Trademarks, Washington D.C. 22231 by Express Mall Post Office to Addressee services.

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Docket No. 0646/0D205

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Ramesh A. BHAT et al.

For:

Name (Print)

NOVEL HUMAN ESTROGEN RECEPTOR-BETA

## **CONTINUED PROSECUTION APPLICATION**

Hon. Commissioner of Patents and Trademarks Washington, DC 20231

Sir:

This is a request for filing under 37 C.F.R. 1.53(d) of a

[X] Continuation

[] Divisional

application of the following pending prior application, which is complete:

Serial No.

08/906,365

Filed: August 5, 1997 (NOTE: This date must be after 6/7/95)

Of:

Ramesh A. BHAT et al.

For:

NOVEL HUMAN ESTROGEN RECEPTOR-BETA

Examiner:

N. Basi

Group: 1646

- 1. As of the filing date accorded the present application, abandon the prior application, in which no issue fee has been paid, nor has there been a termination of proceedings. The file wrapper contents of the prior application are to constitute the basic papers for the new application.
- 2. The filing fee is calculated below:

CLAIMS AS FILED, AFTER ACCOMPANYING AMENDMENT

|                                                                                                      |                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Claims on<br>File      | Number Extra     | Rate "   |  |  |  |
|------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------|----------|--|--|--|
| Bas                                                                                                  | ic Fee                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                  | \$690.00 |  |  |  |
| Tota                                                                                                 | al Clain                                                               | ns                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 21 - 20 =              | 1 x \$18         | \$18.00  |  |  |  |
| Inde                                                                                                 | \$156.00                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                  |          |  |  |  |
| If M                                                                                                 | \$0.00                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                  |          |  |  |  |
|                                                                                                      |                                                                        | Total Filing Fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                        |                  | \$864.00 |  |  |  |
| For Small Entity (half of preceding total)* \$ *No. 9 below must be checked to claim this reduction. |                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                  |          |  |  |  |
|                                                                                                      | A check in the amount of \$864.00 is enclosed to cover the filing fee. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                  |          |  |  |  |
| 3.                                                                                                   | [X]                                                                    | A new declaration is not required, since this application is a continuation or a divis does not include a new inventor, or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                        |                  |          |  |  |  |
|                                                                                                      | []<br>[]                                                               | is enclosed, together with the required filing fee of \$, or will be provided later, together with the required filing fee.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                        |                  |          |  |  |  |
| 4.                                                                                                   | []                                                                     | Cancel claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                        |                  |          |  |  |  |
| 5.                                                                                                   | [X]                                                                    | Amend the specification by inserting before the first line the sentence (check one and fill in):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                        |                  |          |  |  |  |
|                                                                                                      |                                                                        | "This is a [X] continuation of the continuatio | <u>st 5, 1997</u> . Th | e most recent of | of these |  |  |  |
| 6.                                                                                                   | []                                                                     | Enter the unentered amendment submitted in the prior application on .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                        |                  |          |  |  |  |
| 7.                                                                                                   | []                                                                     | A preliminary amendment is also enclosed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                        |                  |          |  |  |  |
| 8.                                                                                                   | [X]                                                                    | Information Disclosure Statement with Form 1449 and 3 references.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                        |                  |          |  |  |  |

| 9.                                                     | [X] The power of attorney in the prior application is to attorneys at the firm of DARBY & DARBY P.C., 805 Third Avenue, New York, NY 10022. |                                                                                                           |                                                                                                                 |                                                                |  |  |  |  |
|--------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|--|--|--|--|
|                                                        | (a)                                                                                                                                         | [X]                                                                                                       | The power appears in the original papers of the prior application.                                              |                                                                |  |  |  |  |
|                                                        | (b)                                                                                                                                         |                                                                                                           | Since the power does not a attorney is enclosed.                                                                | appear in the original papers, a power of                      |  |  |  |  |
| 10.                                                    | []                                                                                                                                          |                                                                                                           | erified statement claiming small entity status (check one):  vas filed in parent application or [] is enclosed. |                                                                |  |  |  |  |
| 11.                                                    | []                                                                                                                                          | Priorit<br>Count<br>Numb<br>Date:                                                                         | per:                                                                                                            |                                                                |  |  |  |  |
|                                                        | The p                                                                                                                                       | riority<br>[]<br>[]                                                                                       | document<br>was filed in the prior appli<br>is enclosed.                                                        | ication                                                        |  |  |  |  |
| 12.                                                    | The A                                                                                                                                       | ssignment [X] was recorded at Reel <u>9062</u> Frame <u>0222</u> on <u>March 18, 1998</u> [] is enclosed. |                                                                                                                 |                                                                |  |  |  |  |
|                                                        |                                                                                                                                             |                                                                                                           |                                                                                                                 | Respectfully submitted,                                        |  |  |  |  |
|                                                        | _                                                                                                                                           | ARBY                                                                                                      | P.C.                                                                                                            | Samuel H. Megerditchian Reg. No. 45,678 Agent for Applicant(s) |  |  |  |  |
| 805 Third Avenue New York, New York 10022 212-527-7700 |                                                                                                                                             |                                                                                                           |                                                                                                                 |                                                                |  |  |  |  |

#### CERTIFICATE OF MAILING

I hereby certify that this paper and every paper referred to therein as being enclosed is being deposited with the U.S. Postal Service as first class mail, postage prepaid, in an envelope addressed to: Commissioner of Patents & Trademarks, Washington, DC 20231,



GP 1646

FECH CENTER 1600/2900

PLEASE CHARGE ANY DEFICIENCY UP TO \$300.00 OR CREDIT ANY EXCESS IN THE FEES DUE WITH THIS DOCUMENT TO OUR DEPOSIT ACCOUNT NO. 04-0100

August 15, 20 Page of Deposit)

8/15/00 August

File # 0646/0D205

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Ramesh A. Bhat et al.

Serial No.:

08/906,365

**Group Art Unit:** 

1646

Filed:

August 5, 1997

Examiner:

N. Basi

For:

NOVEL HUMAN ESTROGEN RECEPTOR-BETA

# REQUEST FOR STATUS AS A CONTINUED PROSECUTION APPLICATION UNDER 37 C.F.R. 1.53(d)

Hon. Commissioner of Patents and Trademarks Washington, DC 20231 August 15, 2000

Sir:

In response to the Notice to File Missing Parts of Nonprovisional Application dated June 21, 2000 (copy enclosed), please note that the above-identified application, Serial No. 08/906,365, filed August 5, 1997, is a Continued Prosecution Application. The request for filing a Continued Prosecution Application was filed April 3, 2000. A copy of the request, which clearly indicates that this is a request for filing under 37 C.F.R. 1.53(d)

is enclosed as Exhibit A.

Accordingly, please disregard the instruction in the request for a Continued

Prosecution Application to amend the specification by inserting before the first line the

sentence "This is a continuation of application serial no. 08/906,365, filed August 5, 1997."

The Continued Proseuction Application was filed solely to ensure

consideration of an Information Disclosure Statement with three references, which was

also filed April 5, 2000 (copy enclosed as Exhibit B).

Claims 1-18 and 24-26 are pending in the application. Claims 19-23 have

been canceled. A copy of the amendment effecting these changes is enclosed as Exhibit

C. None of the pending claims are multiply dependent, therefore the additional claim fee

of \$260.00 is not due. In addition, no other declaration need be filed under Rule 1.53(d).

Thus, the Notice to File Missing Parts of Nonprovisional Application is in error.

Withdrawal of the Notice to File Missing Parts of Nonprovisional Application,

and accordance of this application as a Continued Prosecution Application, retaining the

serial number and filing date originally assigned, is earnestly solicited.

Respectfully submitted,

Paul F. Fehlner, Ph.D.

Reg. No. 35,135

Attorney for Applicants

DARBY & DARBY, P.C. 805 Third Avenue New York, N.Y. 10022 Phone (212) 527-7700 (D&DForms/PTO-24)

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